



BOROUGH OF PERKASIE

620 W. Chestnut Street
PO Box 96
Perkasie, Pa. 18944-0096

Phone (215) 257-5065
Fax (215) 257-6875

APPLICATION FOR DEMOLITION

Tax Parcel Number: _____ Date: _____

Property Address: _____

Applicant Name: _____ Phone #: _____

Address: _____ Fax #: _____

_____ E-mail: _____

Owner information if different from the applicant:

Owner Name: _____ Phone #: _____

Address: _____ Fax #: _____

_____ E-mail: _____

Type of structure: _____

Method of demolition: _____

Disposition of waste: _____

There is a well on the premises Y/N If yes, do you intend to abandon the well Y/N if so you must obtain a permit from the Bucks County Department of Health.

Hazardous material on property Y/N. Contact Department of Environmental Protection and remove according to its standards.

A vermin inspection is to be completed and a report submitted confirming there is no infestation.

All utilities have been disconnected. Electric Gas Water Sewer Cable Propane Oil Tank

Show proof of all utilities being disconnected/capped/removed.

DEP has been notified of demolition (non residential): Yes No

The demolition will interfere with traffic flow patterns Y/N If yes, ample notice must be given in order to inform the public and any state and local agencies.

Snow fence, or a similar barrier, is in place to prevent personal injury and will remain in place until the operation is completed.

Any earth disturbance over 1,000 square feet must apply to the Bucks County Conservation District for E&S.

Premises and structure have been checked by the Building Official prior to the start of the operation.

Building Official _____ Date: _____

Property Owner's Signature: _____ Date: _____

Applicant Signature (if different than property owner):

_____ Date: _____